



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST					
NAME(Last)		(First)	(Middle)	TELEPHONE	
Maluafiti		Alicia	M.	(808) 733-7060	
MAILING ADDRESS (Street)				FAX	
1136 12th Avenue, Suite 220				(808) 737-4977	
(City)		(State)	(Zip Code)		
Honolulu		HI	96816		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE	
MAILING ADDRESS (Street)				FAX	
(City)				(State)	(Zip Code)

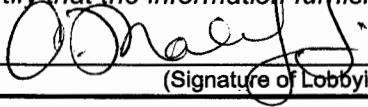
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Association of REALTORS		(808) 733-7060
MAILING ADDRESS (Street)		FAX
1136 12th Avenue, Suite 220		(808) 737-4977
(City)	(State)	(Zip Code)
Honolulu	HI	96816
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Alicia Maluafiti		(808) 733-7060
MAILING ADDRESS (Street)		FAX
1136 12th Avenue, Suite 220		(808) 737-4977
(City)	(State)	(Zip Code)
Honolulu	HI	96816

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below) real estate
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

10/17/05
(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Nicki Ann Thompson

NAME OF ORGANIZATION (if applicable)

Hawaii Association of REALTORS

TELEPHONE

(808) 733-7060

MAILING ADDRESS (Street)

1136 12th Avenue, Suite 220

FAX

(808) 737-4977

(City)

Honolulu

(State)

HI

(Zip Code)

96816

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

10-18-05
(Date)